

Updated

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/ 573161

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/	/			
3		/	/			
4	/		/			
5	/		/			
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13	/		/			
14	/		/			
15	6		/			
16	6		/			
17	6		/			
18	1		/			
19	10		/			
20	1		/			
21	1		/			
22	1		/			
23	1		/			
24	1		/			
25	1		/			
26	1		/			
27	1		/			
28	1		/			
29	1		/			
30	1		/			
31	1		/			
32	1		/			
33	1		/			
34	1		/			
35	2		/			
36	1		/			
37	1		/			
38	1		/			
39	1		/			
40	1		/			
41	1		/			
42	1		/			
43	1		/			
44	1		/			
45	1		/			
46						
47						
48						
49						
50						
TOTAL IND.	4					
TOTAL DEP.	42					
TOTAL CLAIMS	46					

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						